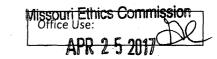


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 4/17/2017		
	Type: New Amended (if amending, enter MEC ID C121	334 & section ch	anged)
2. Committee Information			
	Citizens to Elect Kimberly M. Gardner		
	PO BOx 24782 St. Louis Missouri 63115		(314)629-8622
	Committee Mailing Address. City. State. & 7in		Telephone Number
	Unicial Committee Email Address	St. Louis City County Clerk or Board of Election Commission	oners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P		
2	Treasurer/Deputy Treasurer Information		
٥.	Kimberly Stevens		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	5057 Kingshighway St. Louis Mo 63115	,314,355-9048	<i>(</i>)
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	
	beparty reasoner straine in one appointed,	beparty reasurers Email Address (optional)	
	Deputy Treasurer's Malling Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
_	Additional Committee Information	·	
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	lity, State, & Zip
5.	CANDIDATES: Do you have more than one candidate committee?		
			· · · · · · · · · · · · · · · · · · ·
	Name & manning man and, stepp at the step of the step		
ρ,	Candidate Supported of epipose of cameros assume the supported of the supported of the supported of the support of the supported of the support of the suppo		
-	Citizens to Elect Kimberly M. Gardner	(314)629-8622	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees (<u>''</u>
	08/4/2020 Circuit Attorney Election Date Office Sought & Political Subdivision	Democrat Political Party	Support Support or Oppose
7	•		Support of Oppose
۰.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
.	Signature(s) Check certification(s) & sign (required by all committees)		
■ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I			
further acknowledge that Iram aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			shable under Ch. 575 RSMo.
Committee Treasurer Candidate		Candidate (Candidate Committees Only)	<u> </u>
	\text{\tinx{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\tint{\text{\tinx{\ti	<i>[</i>	